

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

0026377_CON2

First Inventor

Anna J. Mattson

Title

Budget Information, Analysis, and
Projection System and Method

Express Mail Label No.

EV301515495US

31353 U.S. PTO
10/771159**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:Commissioner for Patents
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

- ☒ Applicant claim small entity status. See 37 CFR 1.27
- ☒ Specification [21] Total Pages
- ☒ Drawing(s) (35 USC 113) [30] Total Sheets
- ☒ Suggested drawing figure to be published: Fig. [4]
- ☐ Oath and Declaration [] Total Pages
- ☐ Newly executed (original or copy)
- ☐ Copy from prior application (37 CFR 1.63 (d))
- ☐ Information Disclosure Statement (IDS)/PTO SB 8A
- ☐ Copies of cited references

- ☐ Assignment Papers (cover sheet & document(s))

Assignee InformationName GroupThink Unlimited, Inc.Address Tallahassee FL

- ☐ Nonpublication Request Under 35 USC 122(b)(2)(B)(i)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
- ☐
- ☐

If a CONTINUING APPLICATION check appropriate box

- ☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) Prior Application No. 09/812,730

Prior application information

Examiner Shireen I. SolaimanArt Unit 2175

For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

CLAIMS AS FILED

	No. Filed	No. Extra	Rate	Fee
Total Claims				
Independent Claims				
Assignment Recording Fee				
Basic Filing Fee				
TOTAL FILING FEE				


- ☐ Enclosed is a check in the amount of the Total Filing Fees.

- ☒ **NO FEE AND NO AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT.**

CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/>	Customer Number or Bar Code Label	09355 <i>Insert Customer No. or Attach bar code label here)</i>	or <input type="checkbox"/>	Correspondence address below
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